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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/089011		
APPLICANT(S)								
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1	/	/			51			
2	/	/			52			
3	2	/	/		53			
4	2	/	/		54			
5	/	/			55			
6	/	/			56			
7	2	/			57			
8	2	/			58			
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44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	4		4		TOTAL IND.			
TOTAL DEP.	9	↓	8	↓	TOTAL DEP.			
TOTAL CLAIMS	13		12		TOTAL CLAIMS			

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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